

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-003351

STATE FILE NUMBER

AMENDED

Registration District No. 316

Primary Registration District No. —

Registrar's No. 37

FILED JAN 23 1962

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bismarck</u>		c. CITY OR TOWN <u>Flat River</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Colonial Rest Home</u>		d. STREET ADDRESS (If outside, give location) <u>406 Keith St.</u>	
3. NAME OF DECEASED (Type or print) First <u>ARLEY</u> Middle <u>EVERETT</u> Last <u>HASSELL</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>16</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/12/62</u>
9. AGE (last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lead</u>	
11. BIRTHPLACE (City and state or country) <u>Mill Springs, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Hassell</u>		13b. MOTHER'S MAIDEN NAME <u>Effie Moreland</u>	
14. NAME OF HUSBAND OR WIFE <u>Macey (Seal) Hassell</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW# 1</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Mrs. Nelson Lucking, De Soto, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <u>DUE TO (b) Decompensated Acute cor pulmonale</u> <u>DUE TO (c) Lobar pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>days</u> <u>days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bilateral hemiplegia</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>  </u> Month, Day, Year <u>  </u> s.m. <u>  </u> p.m. <u>  </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Bismarck, Mo.</u>	
20g. COUNTY <u>St. Francois</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>Jan. 10, 1962</u> to <u>Jan. 15, 1962</u> and last saw him alive on <u>Jan. 15, 1962</u> Death occurred at <u>10:18 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. M. Beck</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Bismarck, Mo.</u>	
22c. DATE SIGNED <u>1/17/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>1/18/1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Farmington, Mo</u>		23e. (State) <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>Murphy L. Sparks</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 17, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Ethel R. Ruffolo</u>		27. (State) <u>Missouri</u>	

(Licensed Embelmer - Statement on Reverse Side)

JAN 25 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Murphy L. Spence

Licensed Embalmer No. 4230

P. O. Address Westbury, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.